



COVID-19 BEST PRACTICES

Prevent the Spread

The Mt. San Antonio College Fire Academy recommends all Instructors and Trainees be vigilant about symptom monitoring twice daily (both during Academy Training and at Home) to identify symptoms early and prevent exposures.

The following guidelines will be adhered to by Instructors and Trainees while on the drill grounds. These Guidelines will be followed whether or not you have been exposed to a positive COVID-19 patient.

- Screening will be done twice daily while at the Training Center (0800 and 1700).
- Stay 6 feet from others at all times.
- No group will be larger than 10 personnel (9- Trainees and 1-Instructor).
- All Instructors and Trainees will use the below Screening Guidelines.
- All Instructors and Trainees will wear a device that covers their nose and mouth.
- All Instructors and Trainees will wear gloves whenever handling any equipment, hose, ladders, etc.
- Washing of hands often with soap and water for at least 20 seconds and/or use an alcohol-based hand sanitizer.
- Avoid touching eyes, nose, and mouth with unwashed hands.
- No sharing of any items and/or equipment.
- All equipment will be cleaned prior to being put away at the end of the day.
- Clean surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, and tablets every day.
- Use a cleaning spray or wipe, according to label instructions.

The below Screening Guideline will be used with every Instructor and Trainee twice daily while at the Training Center or off-site location. Instructors and/or Trainees with one or more of these signs or symptoms are considered to have a communicable illness and will be sent home. Instructors and/or Trainees will not be allowed to return to the Fire Academy until cleared by a Medical Professional.



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SCREENING GUIDELINES

Instructor/ Trainees

Name: _____

Date: _____

	<u>Morning Check</u>		<u>Afternoon Check</u>	
Temperature (Using Seek Scan Device)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In Contact with Anyone w/COVID-19	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fever (99.9° F or greater)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Productive/Uncontrolled Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore Throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty Breathing/Shortness of Breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle Aches/Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal Discomfort	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Influenza or COVID-19 Like Illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea / Vomiting / Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestion and/or Stuffy Nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny Nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have You Been Exposed to Anyone Who Has Been Sick or ill	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal Discomfort	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Influenza or COVID-19 Like Illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has Anyone in your Home Been Instructed by A Health Care Provider to Self-Isolate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No